

For Office Use Only:			<i>Date & Initial any blanks except for issue explanation</i>					
Ok to Process	Yes	NO -->	Issue?	Why?	Contact Made: (Circle one, Initial & Date)			
Audited by : _____			<i>RR Form</i>		Phone	Email	Voicemail	
Dist _____ Zone _____ Event _____			<i>Invoice</i>		Phone	Email	Voicemail	
Issue Resolved?			<i>POP</i>		Phone	Email	Voicemail	
			<i>Other/Comment</i>					

HOW TO COMPLETE AND SUBMIT YOUR REIMBURSEMENT REQUEST FORM

Pre-paid Annual, Fixed-Rate, Contracted Submissions – NOT a Retainer

If you have an annual contract and paid an agreed upon annual amount up front, using the contact information at the bottom of this form, submit:

- A. The Reimbursement Request with items 3 and 4 below completed,
- B. A copy of the fixed rate prepaid contract,
- C. A copy of the cleared check that paid the contract.

DeIDOT will automatically reimburse the maximum allowed for each qualified storm (over 4 inches), with no further documentation required by you. Remember you are capped at 75% of your **paid** contract cost. Once the cap is reached no further reimbursements will be paid. If you pay in installments, please call me for further clarification.

All Others - Per Event Submissions

1. **Complete ONE FORM PER STORM** having a SNOW accumulation total of 4 inches or more as soon after the storm as possible. Extra copies of this form and other important information can be found at www.snow.deldot.gov.
2. **Verify** that your contractor is licensed and insured and has broken out the service, and materials by event:
 - a. Invoices must be broken down by date(s) of service, type of service or material, and dollar amount.
 - b. Roads that have been pre-determined by DeIDOT as feeder roads, if applicable for your association, are listed in your annual packet. These roads will be reimbursed at feeder rates and must be **invoiced separately**.
No hand calculations will be accepted.
 - c. Materials and services used on private property such as sidewalks and driveways **are not** reimbursable.
3. **Enter** all contact information. (Tip: Make one “master copy” with contact information to utilize for the season.)

Name of Association: _____ Name of Contractor: _____
Name of Contact Person: _____ Contractor Contact Person: _____
Contact Person Phone: _____ Contractor Phone: _____

4. **Sign** the license and insurance certification.

I certify that, in conjunction with the snow removal services for which reimbursement is requested under HB 544, only licensed and insured contractors have been used. It is further understood that DeIDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties.

Signed: _____ Association Office held: _____

5. **Attach** your contractor's bill. Using it please:
 - a. **List** the date of service for each service performed (plow, salt/sand).
 - i. Record the dollar amount for each service.
 - ii. Total at the end of each line and bottom.

NOTE: A storm may encompass two days of plowing and salting, usually no more. See example below for the January 2014 storm which began 1/21 and stopped early morning on 1/22.

Subdivision Roads (List one storm only)	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	Salt/Sand \$\$\$ per day	Total \$\$\$ For storm
	1/21/14	\$350.00	\$200.00	\$550.00
	1/22/14	\$250.00		\$250.00
	TOTALS:			\$800.00

6. **Attach** proof of payment in the form of:
 - a. A cancelled check (front and back) or screen print from bank. Mini check print outs are also acceptable.
 - b. A bank statement if the remit to is listed, otherwise a copy of the written check may also be required.
 - c. Optional notarized section on the reimbursement form.
 - i. This is a promise to pay if you have a small association and need the funds to pay the Contractor.
 - ii. Additional documentation may be requested if you are a large association or management company.
7. **Submit** all documentation, *Request Form, Invoice, and Proof of Payment*, as soon as possible after each qualified event. Documents may be sent or I may be reached via:

Mail: DeIDOT M&O
ATTN: Gloria Acevedo
PO BOX 778
Dover, DE 19903

Hours: 7 am to 3:30 pm
Phone: (302) 760-2085
Fax: (302) 739-7390
Email: dot.srrp@state.de.us

Claims received after June 1, 2016 will not be processed.